

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11626

STATE FILE NUMBER

63-045569

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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12

13

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

12-11-63

5900 Delor St.

5500 Delor St.

12-11-63

5900 Delor St.

5500 Delor St.

DOCUMENT

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION D.O.A. Barnes Hospital

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

c. CITY
OR
TOWN St. Louis

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS 5500 5900 Delor St.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

CARL

B.

HILLEMANN

November

24

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-9-1901

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Turbine Room Foreman-Union Electric Co.

10b. KIND OF BUSINESS OR INDUSTRY

Allenville, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles William Hillemann

13b. MOTHER'S MAIDEN NAME

Lucinda Calder

14. NAME OF HUSBAND OR WIFE

Wilma G. Hillemann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Wilma G. Hillemann 5900 Delor St.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction.

INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis generalized

DUE TO (c)

arteriosclerotic heart disease.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Emphysema

4200

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1964 to Nov. 26, 1963 and last saw her alive on Nov. 11, 1963
Death occurred at 10:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

634 N. Grand Avenue-City

22c. DATE SIGNED

11/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Nov. 27, 1963

23c. NAME OF CEMETERY OR CREMATORY

Our Redeemer Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.

NOV 25 1963

26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

2022-01-07 09:00:00

1. *Thymus* 2. *Phlox* 3. *Phlox* 4. *Phlox* 5. *Phlox* 6. *Phlox* 7. *Phlox* 8. *Phlox* 9. *Phlox* 10. *Phlox* 11. *Phlox* 12. *Phlox* 13. *Phlox* 14. *Phlox* 15. *Phlox* 16. *Phlox* 17. *Phlox* 18. *Phlox* 19. *Phlox* 20. *Phlox* 21. *Phlox* 22. *Phlox* 23. *Phlox* 24. *Phlox* 25. *Phlox* 26. *Phlox* 27. *Phlox* 28. *Phlox* 29. *Phlox* 30. *Phlox* 31. *Phlox* 32. *Phlox* 33. *Phlox* 34. *Phlox* 35. *Phlox* 36. *Phlox* 37. *Phlox* 38. *Phlox* 39. *Phlox* 40. *Phlox* 41. *Phlox* 42. *Phlox* 43. *Phlox* 44. *Phlox* 45. *Phlox* 46. *Phlox* 47. *Phlox* 48. *Phlox* 49. *Phlox* 50. *Phlox* 51. *Phlox* 52. *Phlox* 53. *Phlox* 54. *Phlox* 55. *Phlox* 56. *Phlox* 57. *Phlox* 58. *Phlox* 59. *Phlox* 60. *Phlox* 61. *Phlox* 62. *Phlox* 63. *Phlox* 64. *Phlox* 65. *Phlox* 66. *Phlox* 67. *Phlox* 68. *Phlox* 69. *Phlox* 70. *Phlox* 71. *Phlox* 72. *Phlox* 73. *Phlox* 74. *Phlox* 75. *Phlox* 76. *Phlox* 77. *Phlox* 78. *Phlox* 79. *Phlox* 80. *Phlox* 81. *Phlox* 82. *Phlox* 83. *Phlox* 84. *Phlox* 85. *Phlox* 86. *Phlox* 87. *Phlox* 88. *Phlox* 89. *Phlox* 90. *Phlox* 91. *Phlox* 92. *Phlox* 93. *Phlox* 94. *Phlox* 95. *Phlox* 96. *Phlox* 97. *Phlox* 98. *Phlox* 99. *Phlox* 100. *Phlox*

CHINESE EMBASSY BEIJING

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer _____

Signed

Licensed Embalmer No. 4807

P. O. Address Al. Fournier

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.